FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 10:21

DOCUMENT # 482416 (5)

1. Corporation Name
AJC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5858 LAKEHURST DR ORLANDO FL 32819-5391	5858 LAKEHURST DR ORLANDO FL 32819-5391

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/06/1975
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business	2a. Mailing Address
21 200 S.Orange Ave	26 200 S.Orange Ave
Suite, Apt. #, etc. 22 #1940	Suite, Apt. #, etc. 27 #1940
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip 24 32801 Country 25 USA	Zip 29 32801 Country 30 USA

4. FEI Number: 59-1613688 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KERBEN, DAVID 725 NORTH MAGNOLIA AVENUE ORLANDO FL 32803	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE	PST	☒ Change ☐ Addition
NAME	CAPUTO, ALEXANDER J.	1.2 NAME	Alexander J. Caputo	
STREET ADDRESS	5858 LAKEHURST DRIVE	1.3 STREET ADDRESS	200 S.Orange Ave #1940	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL 32801	
TITLE	CD	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	CAPUTO, ALEXANDER J.	2.2 NAME	Alexander J. Caputo	
STREET ADDRESS	5858 LAKEHURST DRIVE	2.3 STREET ADDRESS	200 S.Orange Ave #1940	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL 32801	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ 1-17-95 407-481-9490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003323 CP